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7590

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Jane S. Nunez (Depositor's name)
 [Signature] (Signature)
 02/26/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/092,065

03/05/2002

Eric N. Cartagena

83730

2788

TITLE OF INVENTION: COMPLEMENTARY VERTICAL BIPOLAR JUNCTION TRANSISTORS FABRICATED OF SILICON-ON-SAPPHIRE UTILIZING WIDE BASE PNP TRANSISTORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330

\$0

\$1330

05/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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BROCK II, PAUL E

2815

438-322000

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- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Peter A. Lipovsky
 2 Michael A. Kagan
 3 Celia C. Dunham

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

United States of America as Represented
 by the Secretary of the Navy

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(Authorized Signature) Peter A. Lipovsky (Date) 26 FEB 04

Peter A. Lipovsky

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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/092,065	
	Filing Date	03/05/02	
	First Named Inventor	Eric N. Cartagena	
	Art Unit	2815	
	Examiner Name	Brock II, Paul E.	
Total Number of Pages in This Submission	3	Attorney Docket Number	83730

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	(1) Part B - Fee (s) Transmittal (2 copies)	
	(2) Return Postcard	
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Firm or Individual name	Peter A. Lipovsky <i>Peter A. Lipovsky</i>	
Signature		
Date	02/26/04	

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Typed or printed name	Jane S. Nuñez		
Signature	<i>Jane S. Nuñez</i>	Date	02/26/04

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